PATENT APPLICATION. EE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/522845

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
·			(Column 1)		(Column 2)			TYPE		OR	SMALL E	NTITY
J.S. NATIONAL STAGE FEES							RATE	FEE		RATE	FEE	
3ASIC FEE			SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	30
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		1	ner situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	20
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		Allogn	ner situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		<i>1</i> 50 =		X \$ 125 =			X \$ 250 =	
FOTAL CHARGEABLE CLAIMS			Д minus 20 =		•			X \$ 25 =		OR	X \$ 50 =	
NDEPENDENT CLAIMS			2 minus 3 =		•			X \$ 100 =		OR	X \$ 200 =	
NUL.	TIPLE DEPENC	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	طحما
* If the difference in column 1 is less than zero, enter					0" in col	lumn 2	•	TOTAL		OR	TOTAL	401
CLAIMS AS AMENDED - PART II 1-28-05 (Column 1) (Column 2)						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL E	
A	A.PE	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 4	Minus	- 2	0	- /		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	• 2_	Minus	 3	3	= /		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
(Column 1) (Column 2) (Column 3)										1		1
πв		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST WBER NOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••	•	=		X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	•	Minus	***		.	1	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
	· .				•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	L		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
	The "Highest Nu	mber Previously Pai	d For (Total or Ind	dependent) is the hig	gh est number foun	rd in 0	he appropriate bo	x in column 1	i.		